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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged.

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Headline: New quality of life service provides LIFELines
By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON -- Navy Medicine has opened "office space" in a new shopping center built by the Department of the Navy. The new mall will not have long checkout lines, it will be open for business 7 days a week, 24-hours a day, and the choices of products will enhance the quality of life of military and retired personnel.

The mall is electronic, and it is part of the Department of Defense's new quality of life program called LIFELines and will be inaugurated January 27 at 2 p.m. (Eastern Standard Time), at the Acquisition Center of Excellence (Bldg. 22), Washington Navy Yard. Secretary of the Navy Richard Danzig and Assistant Secretary of the Navy for Manpower and Reserve Affairs Carolyn Becraft will host a live, 90-minute broadcast to inaugurate the LIFELines System of Care.

The program is scheduled to air on 28 community cable systems serving Navy-concentration areas including Norfolk, Va.; Jacksonville/Mayport, Fla.; Newport, R.I.; Pensacola,

Fla.; metropolitan San Diego; Bremerton, Wash.; Pearl Harbor, Hawaii; suburban Washington, D.C.; and also at the Pentagon on channel 15. Video teleconferencing from Space and Naval Systems Center, Charleston, S.C., will be available on a first-come-first-serve basis, by calling (843) 974-4242.

The grand opening ceremony can be accessed at www.lifelines4qol.org. Although the actual program will be on Jan. 27, the site is scheduled to be in operation for information only by the end of this week. As an Internet-based access and delivery system, the Quality of Life Mall will deliver a variety of support services over the Internet.

LIFELines is a joint military services partnership for Quality of Life support services delivery being developed by and for Department of Defense personnel and other qualified beneficiaries; however, most of the information and programs on the new system will be available to the general public as well.

There is something at the QOL Mall for everyone - singles, families, active duty, reservists, retirees, civilian personnel, recruiters, those at sea and in isolated, remote duty locations -- the total force. And just as one might find in most shopping centers, In the mall, there is a health, wellness and physical readiness storie in the QOL mall, supported by Navy's Medicine. According to CDR Elenor Shigley, Medical Service Corps, who is responsible for stocking the shelves of the medical store, "This is not just another Internet site. This mall allows Navy Medicine to provide a lot of people with a medical message they might ordinarily miss. Because the QOL mall provides other information such as housing, pay, financial information and chaplain services, people who are shopping at the mall may also obtain medical and dental information about TRICARE, Mail Order Pharmacy Program, nutrition and dental care, among other topics, without having to leave the mall.

Not having a computer at home doesn't mean a family is left out of using the quality of life information at the new mall, Shigley said.

"Family Services Centers and some commands may have computers available to beneficiaries, particularly those living overseas," she said.

Shigley also said the information will be enhanced with quarterly updates on LIFELines placed on a CD-ROM with quarterly updates and made available to commands.

After visiting the Navy Medicine store, Shigley said Navy Medicine is interested in knowing what you think about the information content of its new store.

"There is a feedback button that allows immediate sending of your suggestions," she said. "The Bureau of Medicine and Surgery's MED-08 department will evaluate the suggestions and make adjustments accordingly."

For more information about the Health, Wellness and

Physical Readiness Store of LIFELines, contact CDR Elenor Shigley, MSC, at (202) 762-3342 or CAPT Tracy Connors, USNR at (202) 433-4067 or email at connors.tracy@hq.navy.mil.

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Headline: Fleet Liaison makes medical care obtainable for deployable units
By JO3 LeaVonda Battle, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Naval Hospital Jacksonville now has a go-to-person coordinating the medical needs of many ships and squadrons at Jacksonville area military bases through the hospital's Fleet Liaison Program.

Chief Hospital Corpsman Neal Tomaszewski is the person who ensures those Sailors and Marines from ships, squadrons and submarines get the specialty care they need before being deployed. The program has been very successful and Tomaszewski is proud of his part in getting medical care to the fleet.

"Routine appointments work for Sailors stationed on base, but can cause a problem for our shipmates who have to be concerned with deployments and contingency operations," said Tomaszewski. "A Sailor being deployed next week doesn't want a central appointment operator to give him an appointment two weeks from now. I was an independent duty corpsman aboard ship, trying to get care for my shipmates. So, I understand the problems that can occur if you aren't familiar with the system."

Tomaszewski essentially acts as a middleman and with a single phone call gets Sailors the appointments they need. "Corpsmen on the ship can contact us, and we do the running around for them. I'm here to make their job easier and to be that inside guy that didn't exist when I was an IDC aboard ship," said Tomaszewski.

Some of the duties he performs includes scheduling appointments, helping Sailors on limited duty and informing the fleet of any changes in hospital's clinics procedures such as new hours and new programs.

In addition to his duties inside the hospital, Tomaszewski said he also supplies medical information to Mayport's Regional Support Group, a shore-based facility that provides medical, technical and administrative information to ships in Mayport.

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Headline: Corpsman uses hospice program to aid others
By HM1 Joseph Wolfe, Naval Ophthalmic Support and Training Activity

YORKTOWN, Va.-- Hospital Corpsman Second Class Chris Coy is a community volunteer, who has become intimately associated with death. And although dying is normally a tragedy deserving mourning, for Coy, someone's last days are an opportunity for compassion, kindness and understanding -- a chance to provide tender care and solace to the dying and their families

The personal devastation of watching her mother lose her battle with cancer prompted Coy to offer assistance to other terminally ill patients through hospice care. After her mother passed away, Coy became part of the Mary Immaculate Hospice Program in Newport News, Va.

"It was so difficult during her dying process," said Coy, who is from Mansfield, Ohio. "It was very hard to watch as she slowly passed away. I was overcome with compassion at the thought of anyone else experiencing the same loss that I did. Just as with so many other hospice volunteers, helping others through the experience became a calling for me."

After receiving hospital and hospice training, Coy began her service as a hospice volunteer. She said she has been nervous and scared during her volunteer experience.

"It's not a paying job, and it's not for everyone," she said. "There are times when it's very hard to see my patients in their condition. I can't change their circumstances, but I like knowing I can make a difference for them and their families. The rewards are priceless and the experiences with people are precious."

There are about 15 hospice volunteers in the program where Coy serves. They include military, spouses of military members and local citizens. Coy said she spends about 20 to 60 hours each month helping different families cope with the illnesses and dying of their loved ones. Her duties range from providing transportation, shopping and cleaning, to rendering actual patient care.

Coy's own views on death have changed dramatically since her volunteer service began.

"I have grown to understand that the dying process is as beautiful as you make it," she said. "It can be a wonderful time of sharing, caring and expressing, as well as putting to rest unsettled issues. I believe that sharing the dying process fully opens a person's eyes to what life should really be about."

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Headline: Software will help disabled submarine crews
By Doris M. Ryan, Bureau of Medicine and Surgery

WASHINGTON -- As the Navy's submarine force prepares to move into the twenty-first century, research teams at the Naval Submarine Medical Research Laboratory (NSMRL) in Groton, Conn., developed a software program that will contribute to the safety and health of submarine crews. The project, called the Submarine Escape and Rescue EXpert system (SEAREX), improves the survival chances for personnel trapped in a disabled submarine. Douglas Wray, a biomedical engineer and head of the SEAREX effort said, "In the unlikely event of an actual disabled submarine, this research could mean the difference between the life or death of the crew."

Wray leads a team of military researchers and software engineers, who developed SEAREX as an interactive task management program to help the senior survivor to manage the

complex and unfamiliar environment of a disabled submarine. The software presents a prioritized list of tasks that need to be completed to optimize survival. The list is displayed on a ruggedized, waterproof laptop computer screen as icons arranged in order of urgency. Overdue task icons are red, current task icons are yellow and pending task icons are green.

Routines are built into the software that request data from the senior survivor and, based on his inputs, the program recommends when an escape should be started to ensure that no one exceeds safety limits. Flexibility in the software design allows the operator to perform tasks out of sequence and to postpone tasks if things get too busy. Other software routines include managing toxic gases, preparing the escape trunk and scheduling the issue of food and water. Using this program provides the senior survivor with enough information to balance the risk of decompression sickness associated with escaping against the thermal and toxicological risks of staying in the submarine while waiting to be rescued.

Members of the submarine community have extensively tested the program and their recommendations are incorporated in the software design. LCDR Caron Shake, Medical Service Corps, the technical director for NSMRL said, "The SEAREX research and development effort is one which scientists at the Naval Submarine Medical Research Laboratory anticipate will be embraced and appreciated by every submarine Sailor, their parents, wives and children." For more information on research efforts at NSMRL, visit its web site at <http://www.nhrc.navy.mil/nsmrl/>

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Headline: Gold Anchor retention awards go to Roosevelt Roads, Bremerton
From Bureau of Medicine and Surgery

WASHINGTON - During a time of recruiting shortfalls and generally low retention numbers in the Navy, two Navy medical centers are showing that providing excellent career programs for Sailors not only contributes to readiness, but may also help retention.

Commander in Chief, U.S. Atlantic Fleet named Naval Hospital Roosevelt Roads as its medical command 1998 Golden Anchor award winner. It is the second consecutive year the hospital has received the award, which is presented to those commands that have attained excellence in career motivation programs, resulting in high retention.

Commander in Chief, U.S. Pacific Fleet named Naval Hospital Bremerton as its medical command winner of the Golden Anchor award.

Both hospitals put forth a lot of effort to produce the award winning programs. The awards came about through genuine concern for the welfare and professional development of their shipmates by career counselors and retention staff.

This award accurately reflects the overall retention

atmosphere at the hospitals, from the Commanding Officer to the most junior Hospital Corpsman.

Bravo Zulu to the dedicated professionals who are making careers in the Navy appealing for Sailors.

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Headline: Retirees' federal employees health benefits
program test sites selected
From Department of Defense

WASHINGTON -- The Department of Defense announced today the selection of eight sites for a Congressionally enacted test of the Federal Employees Health Benefits Program (FEHBP) to provide medical care for up to 66,000 retired Service members and their dependents.

The sites selected at a recent Pentagon ceremony are:

- Dover Air Force Base, Delaware
- Commonwealth of Puerto Rico
- Fort Knox, Kentucky
- Greensboro/Winston-Salem/High Point, North Carolina
- Dallas, Texas
- Humboldt County, California area
- Naval Hospital, Camp Pendleton, California
- New Orleans, Louisiana

In accordance with the 1999 National Defense Authorization Act, the Department of Defense (DoD) and the Office of Personnel Management (OPM) are developing a demonstration project that would allow some Military Health System (MHS) beneficiaries to enroll with the Federal Employees Health Benefits Program (FEHBP) to receive their military retirement medical care.

The selection of sites for the demonstration follows Congressionally mandated requirements:

- one Medicare subvention site
- one catchment area site
- one noncatchment site
- no more than one site per TRICARE region.

"The Military Health System stands firm in our commitment to providing quality health care to all our beneficiaries," said Assistant Secretary of Defense for Health Affairs Dr. Sue Bailey. "This demonstration project, along with several other test programs, such as the TRICARE Senior Prime demonstration, and planned demonstrations to test an expanded pharmacy benefit and a TRICARE supplemental benefit for Medicare-eligible beneficiaries over the age of 65, will provide the Department with valuable information about the cost and feasibility of several alternative approaches to providing increased health care access for our over-65 population."

In addition, Janice R. Lachance, Director of the OPM, said, "We are pleased to be able to bring the same health care coverage enjoyed by Federal civilian employees and retirees to military retirees and their dependents." Under this new test, MHS beneficiaries can join the FEHBP during the fall 1999 open season. Those beneficiaries

include over-65 retirees who are Medicare eligible and their dependents, unremarried former spouses of military members and dependents of deceased members or former members. For the retirees' dependents and the last two groups, Medicare eligibility is not required. Coverage will start in January 2000 and end December 2002.

Beneficiaries must enroll in an FEHBP plan and pay any applicable premiums to receive benefits. During the test, enrollees may not use Military Treatment Facilities for any services. Premiums will be based on a separate risk pool for MHS beneficiaries. The government's contribution will be computed the same as it is currently computed under the FEHBP.

OPM and DoD will jointly evaluate the program and submit reports for Congress in May 2001 and December 2002.

NOTE: Zip Codes included in selected test site areas can be seen at

<http://ww2.tricare.osd.mil/operations/fehbp/fehbp.html>

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Headline: Cost, access, quality shape TRICARE success in Northwest

By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- Reports from DoD's oldest TRICARE region show a high level of success in controlling costs, improving access and maintaining quality.

A survey of more than 10,000 DoD health care beneficiaries in TRICARE Region 11 -- Washington, Oregon and part of Idaho -- measured the delivery of health care to some 340,000 beneficiaries between 1994 and 1998. TRICARE began in the area in 1993. Dr. James Sears, TRICARE Management Activity executive director, called the survey "all good news."

"In a time when there's significant inflation in health care costs, they found no increase in cost to the government or beneficiaries," Sears said. At the same time, the survey reported that Region 11 medical providers maintained high quality standards. "There's even a plus-up in perception [among survey respondents] of quality," he said.

In terms of access, improvements were noted in several categories, Sears said. "They're getting their primary care when they need it, they're getting preventive services they need and they aren't using the ER as much. Not having to go to the ER to get their primary urgent or acute care is a sign of a healthy system.

Sears said he's particularly pleased with Region 11 beneficiaries' increased reliance on preventive health services. "That's a major goal we're after -- to keep people healthy so they don't have to use health care services as much," he said.

CNA Corp. and the Institute for Defense Analyses conducted the Region 11 survey and will perform similar surveys in all regions over a four-year period, Sears said. Congress mandated the study, which looks at before and after

data to determine TRICARE's impact on military health care. Although the survey measured just one region, Sears said it reflects what he expects to find in every region.

"It's the same program we have put in place across the country," he said. "As the survey reaches all the other regions over the next two years, we anticipate similar results. There's no reason to think this program would be any less successful in other regions."

Next on tap for the survey this spring are regions 3 (Southeast), 4 (Gulf South), 6 (Southwest), 9 (Southern California), 10 (Golden Gate) and 12 (Pacific), and a second look at Region 11. Regions 7 and 8 (Central) will be surveyed in 2000 and Regions 1 (Northeast), 2 (Mid-Atlantic) and 5 (Heartland) will follow in 2001.

Outcomes from the Region 11 survey "are in the direction we want them to be," Sears said. "But we've got a lot of feelers out to learn how the program is doing. This study is just one of them."

Annual and monthly customer surveys help Sears and his staff learn about and solve problems in the TRICARE system. "Most of the changes we're making, where we're placing new or additional emphasis, are based on feedback we're getting from these multiple channels," he said. "We're using this information to improve the current structure and future contracts."

What this and other surveys tell Sears is that TRICARE is doing well where it has matured, in Southern California, for example. "We just have no negative noise level of any significance from the places where TRICARE has been in place and operating for awhile," he said.

In Southeast, Gulf South and some other newer regions, problems that existed a year ago have been corrected, he said. "We had problems with claims, networks and appointments. As of today, however, their networks are developed, they're paying claims and their telephone issues are history."

Sears said the same types of "hiccups" occur in every regional startup, and a similar maturing process eventually smooths out the wrinkles. The Central region matured rapidly, he said, and he expects the Northeast, Mid-Atlantic and Heartland regions to improve quickly.

TRICARE has met with similar success overseas, an area perceived to be a medical care trouble spot in the early 1990s, according to Air Force Maj. Brian Hurley, senior health analyst for military health systems operations at TRICARE. Surveys, he said, detected few claims turnaround problems and found high patient satisfaction with health care access and quality.

But surveys aren't the only tool DoD's using to gauge the health of health care. TRICARE management discusses health care issues regularly with the Military Coalition, a 5-million-member group of 26 military support associations, and the 3-million-member Military/Veterans Alliance. Sears has conducted meetings with the services' senior enlisted

representatives to uncover and fix health care problems of enlisted members and their families. And Rudy de Leon, undersecretary of defense for personnel and readiness, has started conducting regional town hall meetings with medics and patients.

TRICARE is accomplishing all it was designed to do, but that doesn't mean it can't be improved, Sears said. "We want to continue showing improvement in every area, keeping costs down and ensuring every beneficiary, whether active duty or retired or family member, has quick access to quality care."

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TRICARE question and answer

Question: What will happen if I don't take any action to change my current health care plan?

Answer: If you are on active duty, you will be enrolled in the TRICARE Prime benefit. All other eligible persons deciding not to enroll in TRICARE Prime may still be eligible for care in military medical facilities on a space available basis and maintain TRICARE Standard eligibility (formally CHAMPUS). You may also participate in a new money-saving option called TRICARE Extra by choosing a physician in the TRICARE Extra network.

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Headline: Healthwatch: For pearly whites, do it right
By Tanya Brown, Bureau of Medicine and Surgery

WASHINGTON -- Scrubbing those coffee stained and nicotine-laden teeth with toothpaste, gels and creams that claim to whiten your teeth may end up costing more than you can chew.

Buying over-the-counter tooth whitening agents may be like buying aspirin for an ailment that requires doctor prescribed drugs, said Dr. Lawrence Blank, a private practitioner in Rockville, MD and a retired Navy Captain in the Dental Corps.

"The results are a whole lot less with over-the-counter products than what you can get from a dentist. It's a more potent medicine," said Blank.

But poor performance isn't the only thing offered by over-the-counter whiteners.

"Some of them may injure your gums and cause damage to the mouth," said CAPT Marian Royer, DC, Naval Dental Center, Northeast Newport.

According to a report by the American Dental Association, over-the-counter kits may contain chemicals that can injure mouth tissue if used improperly. There is some data to suggest that bleaching products may cause damage to the tooth pulp, enamel, gums and other areas of the mouth, the report said.

In the early 1990's when over-the-counter whiteners were

becoming popular, the Food and Drug Administration cited more than 20 companies that make the products, claiming that they contains materials that affect the structure of teeth through the bleaching process.

Blank agrees that over-the-counter whiteners can cause damage if not used properly and suggests seeking a professional.

"It's a good idea to check with a dentist before embarking on a project like this," said Blank. "To do it yourself, might get you in trouble."

Dentist-supervised home bleaching is the most common bleaching procedure among dentists, according to a report from the Academy of General Dentistry. This procedure is at least 90 percent successful for people whose teeth have been darkened by coffee, tea or smoking.

Home bleaching requires wearing a customized mouth guard lined with a gel that is designed to whiten your teeth.

Blank said this process can take weeks or months, depending on the type of results the patient wants. Gum sensitivity is the most common side effect of bleaching. Blank said a dentist should be consulted if this occurs.

In-office treatment may be done by a light or a laser combined with chemicals to bleach severely stained teeth caused by aging or other tooth problems such as fillings that have discolored the tooth.

Even with the use of technology, Blank cautions that the whitening procedure differs for each patient.

"Certain medications like tetracycline can cause severe discoloration," he said. "If it's not too bad, whitening may work but other treatment may be necessary."

Bleaching may sound like the perfect solution to keeping your whites their whitest, but it doesn't take the place of consistent care and regular maintenance.

"Good oral hygiene and regular exams are always a good start," said Royer.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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